

Resources

Minutes of the Federal Interagency Subcommittee on Disability Statistics

Note: These minutes were edited by the DSQ Editor removing or condensing material presented elsewhere, not appropriate (like job and personal announcements), or with past deadlines.

Report of the January 13, 1999, Meeting:

1) Lois Thibault (email: thibault@access-board.gov) reported on the efforts of the U.S. Architectural and Transportation Barriers Compliance Board, also known as the Access Board, to refine the statistical basis for its work. The Access Board is an independent federal agency that develops accessibility guidelines for the construction of buildings and facilities under the ADA and other laws. For instance, it developed the Uniform Accessibility Federal Standards under the Architectural Barriers Act and has been responsible for the development of the ADA Accessibility Guidelines (ADAAG). The Access Board recently added responsibilities for the development of accessibility guidelines for consumer and communications equipment.

Many of the Access Board's design and construction guidelines are based upon research that is now twenty-five years old. Research done in the late 1950s and early 1960s focused on young males with high levels of mobility. Such a population does not represent the range of disability that designers need to consider today. The Board recognizes that it lacks an adequate database on which to base new research.

Statistical databases on the incidence of disability and its effects in the workplace and in activities of daily living have not been specific enough to guide the Board's work. The anthropometric databases used by engineers, industrial designers, and architects do not include data on people with disabilities. Thus, human subject testing has always been necessary to develop design data for building and product use by people with disabilities. And because of the diversity of the population of people with disabilities and the relatively low incidence of disability, researchers can neither draw nor fill scientific samples adequate for testing.

The Access Board commissioned a report, "Anthropometry for Persons with Disabilities: Needs for the Twenty-First Century," that recommended the development of better databases. A human factors database covering those with mobility impairments alone was estimated to cost as much as \$1/2 million dollars and provide useful but limited information. There are similar needs in other disability categories. (For those interested in obtaining a copy of the report, email Lois Thibault at: thibault@access-board.gov)

The Access Board wants to consider virtual reality, computer modeling, and other data gathering efforts, and perhaps including piggybacking on the work of the Federal Laboratories. It is also examining the possibility of exploring policies that could help test extremes rather than averages of ability in order to establish parameters for design criteria.

The Access Board must grapple with a number of policy issues. What ought to be the makeup of a disability database? What number of projects must be considered and what numbers of people must be involved? Who is the Board serving? As the Baby Boom generation ages, this large population will develop chronic disabling conditions. How can the Board balance these needs with those of people who have lived lifetimes with impairment?

The Access Board seeks assistance from its peers in other Federal agencies in addressing the following questions: What other methods of data gathering might be employed to develop design guidelines for physical and communications access? Can the fields of statistics, database development, computer modeling, ergonomics, anthropometry, and related disciplines offer innovative approaches to the development and application of an anthropometry of disability? What policy changes should guide the acquisition of the information the Board needs? Can existing anthropometric data-

bases be expanded to include people with disabilities? What criteria might guide such a change?

Yerker Andersson asked about definitions of disability and accessibility. He wondered if the Access Board could conduct studies of each disability group. For instance, when considering the needs of those who are deaf, the number of interpreters, the percentage of interpreter training programs, and the number of captioned programs may be important to consider. This would differ from the needs of those with mobility impairments. Perhaps one database on disability would not make sense.

Neal Nair raised the issue of sampling. Should such an approach cover sampling people with disabilities or the structures in which they function?

Scott Brown felt it was important to make the Environment the unit of analysis to see if access requirements have been met. Lois Thibault agreed, noting that different groups with opposing needs exist. She cited the design of a hand rail - it would differ based on user needs. Design features may vary based on whether those who use a hand rail have difficulty with their grip, require it to pull themselves up, or need it to prevent falls. Guidelines must also take into account the needs of children, who may be major hand rail users. The nature of the problem involves what the built environment needs to be. Functional databases on different disability groups may be necessary, but would require an enormous investment in research to collect.

Mitch LaPlante spoke of his work with the Access Board and use of the Steinfeld model where a matrix of populations with various functional limitations was developed. The emphasis of this work was on whether these populations would need or benefit from certain accommodations in the environment. He recognized the usefulness of such surveys as the NHIS-D, but he wondered whether more work with statistics would actually satisfy the Access Board's basic need. He asked about the purpose of the Access Board's need for data.

Lois Thibault replied that the Access Board needs data on the incidence and severity of disabilities to establish the 15th/85th percentile limits for the collection or projection of an anthropometry of disability.

David Keer wondered about the issue of policy changes and whether such changes may provide design guidance. Lois Thibault felt that baseline data related to the 85th and 15th percentile were still needed, independent of the policy implications, which she agreed were significant. David Keer also noted that NHIS-D is very general. Perhaps a matrix is needed that zeroes in on specific populations, avoiding a "broad sweep" approach. Lois Thibault spoke of the need to develop a database and to conduct a human factors survey within the framework of such a database. David Keer replied that the NHIS-D and SIPP might be helpful for making "guesstimates." Lois Thibault discussed the need for a scientific basis for the development of accessibility guidelines. There was also discussion on the need for information on specific groups as opposed to national surveys.

2. Bedirhan Ustun (email: ustun@who.ch) and the WHO ICIDH REVISION TEAM presented "Classifying Functioning and Disability: ICIDH-2 from Beta 1 to Beta 2." In addition to Bedirhan Ustun, members of the team who introduced themselves included Elizabeth Badley, Jane Millar, Jane Lux, Shekhar Saxena, Janice Miller, Angela Roberts and Jerome Bickenbach. Somnath Chatterji and Senda Benaissa were not present, but are part of the revision team.

The Objective of Beta 2 Revision is the development of an operational classification system on human functioning and disability that is 1) applicable to every human being (universal in approach); and 2) addresses multiple dimensions regarding the "person" and the "environment" (at body, person, and society levels). A review of the ICIDH Beta 1 Field trial results is helping to move the process along. ICIDH-2 Beta 2 development will cover text, coding, and field trial protocols.

ICIDH-2 is a classification of human functioning, built on a universal model that is both integrative and interactive. It focuses on parity and inclusiveness, providing contextual factors such as the interaction of the environment and the person. The classification has broad cultural applicability.

Key concepts of Functioning and Disablement in ICIDH-2 cover Impairments (at the level of the body, its function, and structure), Activities (at the level of the person) and Participation (at the level

of society). The model goes beyond disablement to human functioning. It is not a minority model. Rather, it is applicable to all human beings. It avoids the polarization and dichotomy of the medical model. It is a "Bridged" Model of Disablement that includes medical and social models.

The "Bridged" Model of Disablement is multilinear and multidimensional. It focuses on personal and social problems; medical care and biopsychosocial integration; individual treatment and social action; professional help and individual and collective responsibility; personal adjustment and environmental manipulation; behavior and attitude; care and human rights; health care policy and politics; individual adaptation and social change. ICIDH-2 recognizes the interaction of concepts such as health condition, impairment, activities, participation, environmental factors, and personal factors.

The ICIDH-2 promotes parity and etiological neutrality. For example, a body function, such as the loss of a limb, can occur due to a variety of conditions or situations (landmines, diabetes, or thalidomide). Or, such an issue as missed work days, may be caused by any number of situations which may include flu, depression, back pain or angina. For the purpose of classifying disablements, there is no need to link the cause to a specific etiology.

ICIDH-2 strives for cultural applicability and conceptual equivalence of the classification world wide. Since the Centers testing the classification exist in different parts of the world, field trials are being conducted in diverse settings. Translatability, Usability and International Comparisons are requirements for the revised ICIDH.

ICIDH-2 Beta 1 has been field tested to refine the conceptual framework. The draft document has been translated to create ICIDH-2 on a multilingual platform. Basic questions were addressed; key items and concepts were systematically tested. Alternative options were empirically tested.

ICIDH-2 is undergoing linguistic evaluation. Twenty-seven language translations are in process; systemic linguistic evaluation data are being collected. A WHO/NIMH Cross Cultural Applicability Research Report has been conducted at 15 sites. ICIDH-2 and CAR data are being utilized to identify terms posing problems in several languages. Translation meetings took place in Washington and Santander in the Fall of 1998. Based on the feedback from these meetings and the Beta 1 field trials, it has been decided that a simple English draft of ICIDH-2 will be developed.

ICIDH Consensus Conferences have taken place. Data are available from Australia, Canada, France, Japan and the United States. In ICIDH-2, general agreement exists on the coverage to include disease, disorders, injury and trauma. There is need for further discussion on aging, pregnancy, stress, violence and genetic predisposition.

The Consensus Conferences agreed on all ICIDH applications (statistical, management, research, clinical care, social policy, and education). The need for guidelines has also been expressed.

Contextual factors, both environmental and personal, received consideration. It has been found that the environmental factors list is comprehensive. Additionally, The US and Canadian Collaborating Centers on the ICIDH recommended that Environmental Factors be a separate dimension. Consensus conferences have shown that personal factors were thought to be 1) important and 2) separate from environmental factors. The Conferences recognized that caution was required so that personal factors would not be used in any way to blame individuals.

The tripartite scheme of ICIDH is generally acceptable to all sites. Use of neutral terminology is preferred. Concerns have been raised about: 1) "impairment" being negative; 2) use of "abnormality" in the definition; and 3) "participation in" being insufficient to separate Participation from Activity. The Title of ICIDH-2, "International Classification of Impairments, Activities and Participation: A Manual of Dimensions of Disablements and Functioning" has garnered general agreement. Canada and the US, however, have expressed some concern about the use of the term, "disablements." "Disability" may be used as an umbrella term.

Item Evaluation was examined in the Consensus Conferences. A few items need further clarification. All items appear to be broadly applicable across cultures and across sub-groups within the culture. Problem items involve complex Impairments and their relation to Activities and complex

Activities in relation to Participation.

Options Testing has brought divergent results from centers, possibly requiring further expert opinion.

Key tasks exist in the Revision Process. (1) Conceptual clarity must be reviewed - is ICIDH right in capturing reality, formulating dimensions? (2) Expressional clarity must be examined - Has it been stated in a clear way - operationalized so that it is understandable, logical, meaningful? (3) Consensus building needs to be considered - Is there agreement on the basic constructs, terms, and definitions? Is there agreement on procedure? (4) Public health utility must be determined - What was it all for? A classification for the sake of classification? Does the application-orientation fit the purpose?

At this stage, a short version and a detailed version of ICIDH will be developed. Field tests will be conducted to show real life case applications. Three Task Forces now exist. They are: (1) The Environmental Task Force, co-chaired by Rachel Hurst and Janice Miller; (2) The Children's Task Force, co-chaired by Rune Simeonsson and Matilde Leonardi; and (3) The Mental Health Task Force, co-chaired by Cille Kennedy and Karen Ritchie. There are plans to present the ICIDH to the World Health Assembly and other bodies of WHO. Efforts are also underway to plan a fundraising effort, providing portfolios to different possible donors.

The Consensus Conferences explored numerous issues and options. Regarding the title, the names of dimensions will be retained. Umbrella terms will be used in the subtitle. It has not yet been decided whether "Disablement" or "Disability" will be used. Uniform rules will be applied; deviations will be noted and reasons given. The emphasis will be on simple and clear language. A science editor will assist in this process.

The ICIDH-2 Beta 2 definitions will be operationalized. The core concept, boundaries, salient features, and possible quantification will be covered. The core text of two-digit categories will deal with prevalence, importance, and usefulness. Evidence from the Beta 1 field trials and other data will guide decisions involving the boundaries between Impairment, Activity, and Participation.

ICIDH-2 will have a relationship with the ICD. Efforts will involve both joint use and clarification of ICD and ICIDH domains. Coding will be from 1-9 at the first level; 1-9 or 1-99 at the second level. A uniform style will be maintained and expert advice is being sought.

The classification will have an introduction that is short, clear, and focused. Information on how to use the classification will be included. Ethical aspects will be mentioned. Section introductions will be avoided.

Impairments may include use of negative or neutral terms or both. Technical language may be necessary. Harmonization of qualifiers will take place with Activities and Participation.

Activities will be examined; the level of detail will be reviewed and harmonized. Definitions will be operationalized and qualifiers will be developed to match those of Impairments and Participation, if possible.

Participation will be reviewed. Use of simple language will be employed. There will be a focus on participation as an outcome and efforts will take place to revise and harmonize qualifiers.

Contextual factors will be considered. Environmental factors will be revised based on the Environmental Task Force's recommendations. Personal factors will be listed but not classified.

Revision issues involve taxonomic principles (whether to pursue a purist or pragmatic approach), and language concerns (whether to be simple or technical; whether to develop different versions with simple and technical language). Beta 2 Revision also must grapple with the level of detail (involving core "two digit" and the detailed standard version as well as specialty modules) and boundary matters (whether to pursue rigid (artificial) boundaries or accept some overlap). Ethical issues and the subjective experience of disablement also have been suggested for inclusion. Finally, the Revision Process timetable has been finalized in consultation with the centers.

Preparation of the Beta 2 Draft Process will involve: (1) input from the collaborating centers; (2) taxonomy; (3) English and other language versions; (4) field tests; (5) data on ICIDH-1; (6) joint drafting sessions at WHO; (7) communication with Centers via the Majordomo and consultations; (8)

development of Beta-2 test protocols.

An ambitious time line calls for the Beta 2 draft to be available by April 1. Circulation of interim drafts with notations will take place via email, and the majordomo site. Phone and video conferences will take place for those centers that are unable to be present in Geneva during the weeks of consultation.

The Principles supporting the Beta 2 Revision include: multicenter network support, WHO as the client server, multiple user orientation, the development of a practically useful classification system, use of field trials where application is the key, and empirical work that serves the concept. The ICIDH-2 will consist of a main volume with glossary, clinical descriptions and assessment guidelines, assessment criteria for research and dedicated assessment tools.

Janice Miller discussed the work of the Environmental Task Force scheduled to meet in February. Its first priorities are to contribute to the Beta 2 drafting process by reviewing the existing list of Environmental factors in Beta 1 for logical structure and comprehensiveness. The Task Force seeks to ensure inclusion and the role of Environment in disablement. Along with a comprehensive literature review, the task force will develop policy papers related to the topic.

The floor was opened to questions. Trish Welsh asked about options testing and the development of real life applications. She wondered what that would include and whether user friendly codes would exist.

Bedirhan Ustun explained that case studies and field trials across centers are being used in examining options. WHO has two protocols using ICIDH-2 menus. Questions or tools are used as is interviewer reliability. Shekhar Saxena noted that at present, WHO does not have complete information on the participants involved in Options Testing. This has limited the usefulness of the data received. There are efforts to simplify coding schemes, to limit possible errors, and make them user friendly. People with disabilities are among those who will be using the codes.

The issue of universality was raised. If the classification is not just about disablement, what would the purpose be?

Bedirhan Ustun commented that the classification is both about "functioning" and disablements. He added that WHO is dealing with a health context, although the classification could be used in other fields such as human rights. ICIDH does not imply that form of usage, per se. Jerry Bickenbach addressed etiological neutrality and also mentioned an article, "Models of Disablement, Universalism and the ICIDH." This will appear in the next issue of Social Science and Medicine.

Cille Kennedy suggested that neutral terminology could be used to replace "impairment." Perhaps the term functional or structural "integrity" could be used instead. She also asked whether it would be possible to have more international (non-English, multicultural writers) representation in the development of the 2nd and 3rd drafts of the ICIDH-2?

Cille Kennedy concluded her remarks with concerns related to the 2 ICIDH versions (one being two levels; the other being four levels). She questioned whether it makes sense to do both of those by April and recommended holding off initially on the development of a two level version.

Bedirhan Ustun responded that the term "integrity" could be explored. He added that it was necessary to focus on both ICIDH versions at the same time. For further details on the ICIDH-2 Revision process, please contact Shekhar Saxena at WHO (email: saxenas@who.ch).

ANNOUNCEMENTS

HAD TO BE PRODUCTIONS Representatives from government agencies and businesses are invited to an East Coast or West Coast premier of a disability play entitled "Not Just Ramps." They are asked to decide whether the play and workshop would be an appropriate training for the workplace or conference setting. It will also be an entertaining and hopefully enlightening theater experience. "Not Just Ramps" is a play about physical, emotional and social access issues for a diverse group of people with disabilities including blindness, spinal cord injury, deafness and hearing loss, learning disabili-

ties, Lou Gehrig's (A.L.S.) disease, cerebral palsy, breathing and vocal impairment, mental illness, and developmental disabilities. In the play the playwright/actors will portray characters, taken from actual interviews, who confront access issues in the workplace and in their lives.

The actor/playwright arranging this premiere is Carrie Gibson, 3203 S. Norman Street, Seattle, Washington 98144 Phone: (206) 860-9108 Fax: 206-328-5354 E-Mail: <gibraycm@msn.com>. The East Coast previews will take place on April 26th at 2:00pm and 7:30 pm at the Washington Stage Guild in Washington, D.C. Contact Ms. Gibson for information on the West Coast preview.

RERC SYMPOSIUM ON IMPAIRMENT, DISABILITY AND WORK: The RERC Symposium will occur on May 19-20, 1999. It is being organized by: Thomas J. Armstrong, Center for Ergonomics, University of Michigan, 1205 Beal Ave., G656 IOE Building, Ann Arbor, MI 48109-2117; Ph: 734-763-3742; Fx: 734-764-3451; <<http://www-personal.engin.umich.edu/~tja>>.

The goal of this symposium is to provide an overview of models and methods and describe the important qualities and contribution of each. The program will include formal presentation of models and methods and reviews of them in the context of selected case studies by a moderated panel. Topics and Speakers include: Functional limitations and disability, Steven Stanhope, PT, Ph.D., NCMRR; ICIDH-2 Disability Model, David Gray, Ph.D.; Economic Models of Disability, Richard Butler, Ph.D.; A Social Model of Disability, Loren Gates, Ph.D.; A Physical Therapy Model of Disability and Rehabilitation, Alan Jette, PT, Ph.D.; Outcome Measures in Workers Comp, Glenn Pransky, MD; Michigan Disability Prevention Study, Rochelle Habeck, Ph.D.; A multi dimensional model predicting return to work, B. Amick, Ph.D.; Study of factors affecting return to work of carpal tunnel syndrome patients, Julia Faucet, RN, Ph.D.; RSI outcome studies, Institute of Work Health; ADA Litigation and Musculoskeletal-related Impairments: Implications for Work Re-entry, Michael Feuerstein, Ph.D.; Applications: Job Accommodations Network, Barbara Judy, RN; Integration of Information for Deciding Case Management, Rowland Hazard, and panelists T. Armstrong, A. Franzblau, M. Geisser, A. Haig, M. Keyserling, S. Levin, E. Nieuwenhuijsen, and R. Werner.

1999 NATIONAL LEADERSHIP CONFERENCE FOR YOUTH WITH DISABILITIES (NLCYD) will be held in Alexandria, Virginia, June 22-26, at the Radisson Mark Hotel at Mark Center. The conference is sponsored by the National Council on Disability and seven Federal agencies. It will bring together young leaders from around the country who have diverse racial, ethnic, and disability backgrounds to promote leadership development. Additional conference information is available on-line at www.ncd.gov/youth/conf99_3.html or by contacting NCD at 202-272-2004.

NCD ANNOUNCES CONSUMER-FRIENDLY GUIDE TO THE REHAB ACT The National Council on Disability is currently developing a consumer-friendly guide to the Rehabilitation Act, as amended in 1998. The guide, which should be available in mid-February, is for potential consumers of rehabilitation or independent living services. It explains the Act and details eligibility requirements and the types of services available using funding from this important federal law. The guide will be available at the NCD Web site (<http://www.ncd.gov>) or by contacting NCD by telephone, mail or email (mquigley@ncd.gov).

ACCESS TO ISDS MINUTES ON THE WEB The National Center for the Dissemination of Disability Research (NCDRR) has updated its web site to include all ISDS minutes from 1998. To access this information, go to the site at <<http://www.ncddr.org>>.

REPORT OF FEBRUARY 10, 1999, MEETING:

I. Michele Adler (email: michele.c.adler@ssa.gov) announced that on December 21, 1998, the Social Security Administration awarded a contract to Westat, a research firm located in Rockville, Maryland, to conduct the Disability Evaluation Study (DES) - the most ambitious national study on working-aged (18-69) people in many years. The nearly four year study will enable the Social Security Administration to better understand and serve the needs of Americans with disabilities. The study also will contribute to the knowledge of what helps people with disabilities remain active in the workforce. The Social Security Administration's disability program, the largest in the world, cur-

rently pays benefits to more than 8 million people with disabilities.

The Disability Evaluation Study (DES) will gather information on disability, employment, and a host of other factors from a nationally representative group of individuals. Study participants will come from three groups of people with disabilities - those who receive benefits from Social Security; those who are eligible for, but do not receive benefits; and those with lesser impairments who might receive benefits at some later time. A fourth group consisting of people with no or only minor disabilities will also be included for purposes of comparison. Individuals who become part of the DES will be given a medical examination to assess the extent of their impairment, permitting an objective basis for determining whether the individual is disabled. They will also receive a functional assessment, allowing for comparisons among self-reported findings and the medical and functional evaluations.

The three major objectives of the DES are to: (1) determine the number of working-aged people who, but for work or other reasons, could meet Social Security's definition of disability; (2) learn from persons with disabilities who work how they have been able to continue work in spite of their disability; and (3) provide the capacity to observe the effects of any proposed changes to the current disability programs and/or changes in the decision process. This study will gather a substantial amount of data on disability.

Carla Maffeo of Westat explained that telephone screeners will complete initial interviews with 120,000 people in the general population. Ten thousand questionnaires will be completed in the second screening. The DES will conduct 5,500 completed interviews.

Major Milestones: Award: December 1998; Methodological Reports: October 1999; Pilot Study: January - September 2000; Main Study: January - December 2001; Final Report: September 2002. For more information about the DES study, contact Michele Adler (email: michele.c.adler@ssa.gov) or Tom Rush (email: tom.rush@ssa.gov).

2. Bedirhan Ustun (email: ustunt@who.ch), Shekhar Saxena (email: saxenas@who.ch) and Jane Lux (email: luxj@who.ch) of the ICIDH-2 Revision Team provided a progress report on "ICIDH-2 Classifying Functioning and Disability: Beta 2 Revisions." WHO has been a beehive of activity this week; consultations have taken place with delegations from around the world in person and via audio and video conferencing.

Several activities provided input to the Revision process. The Beta 1 Field Trial Results, linguistic evaluation in multiple languages, reports from the ICIDH Collaborating Centers, feedback from the International Task Forces, input from disability groups, advice from both taxonomy experts and technical experts have enriched the current Beta 2 draft.

Several ICIDH-2 Beta 2 materials are now available. These include: 1) the short version of the Beta 2 draft, consisting of 2 levels and items only, with codes from 1-99; 2) the full version of the Beta 2 draft consisting of four levels and items only; 3) comments and rationale for changes; 4) a background document that addresses issues, questions, and tasks. The short and long versions of the Beta 2 draft are interlocked. The short version can expand to the larger version.

A significant change involves the use of uniform qualifiers. Across such areas as "problem," "limitation," "restriction," or "barrier," use of negative qualifiers include "no," "mild," "moderate," "severe," "total," "not applicable," or "unspecified."

Significant changes involve body functions and structures. For instance, other sensory functions are now combined with visual functions in Chapter three; the hematological system is introduced in Chapter 4 with the Cardiovascular System and Respiratory functions. Immunological and Endocrinological systems have been reorganized into other chapters. The digestive, nutritional and metabolic functions have been reorganized based on feedback.

In the area of activities, significant changes have also been made. Basic visual and auditory function are now only in Impairment. Purposeful sensory activities (watching, listening) are new additions to Activities. In addition, thinking has been added to Activities. Terms in old Chapter 10 (use of assistive devices...) have now been distributed within relevant activity chapters. Other changes were noted.

Inputs from the Environmental Task Force (ETF) were discussed. Senda Benaissa is the newly appointed ETF Project Coordinator. ETF Co-Chair Janice Miller is part of the Revision Team. The Environmental Task Force Executive meeting is scheduled to take place on Feb. 15-17. The Task Force is conducting a Literature Review. A two-level revised classification of Environment is expected by the end of March.

David Wasserman asked about the reconfiguration of disability and impairment, moving to body function and its implications. Bedirhan Ustun replied that some body functions can be complex and some activities can be simple. He distinguished between seeing (a basic sense, a body function), watching (a personal and purposeful activity) and the importance of discriminating between seeing as the body function and watching as a person level activity.

Robert Wachbroit asked where pain would fall in body and structural functions. Pain is a complex mechanism. Bedirhan Ustun explained that it is placed in four level codes.

David Gray asked about where assistive technology (AT) is accounted for in the Beta 2 draft? Paul Placek discussed the classification of assistive technology devices through the State Tech Act Program. Assistive Technology classification would tie into SSA efforts also.

Bedirhan Ustun mentioned that the AT classification existed in the ICIDH. Originally, it was in the activities section and covered use and maintenance. This seemed to move against the universal nature of the ICIDH. It has now been placed across domains. Shekhar Saxena mentioned that the Participation section covers AT with a single code. Assistive Technology is incorporated in relevant chapters of activities. Use of Assistive Technology is separate from its maintenance.

Bedirhan Ustun explained that the Beta 2 draft codes the degree or the extent of the limitation with a device and can show how its use affects improvement. Shekhar Saxena mentioned the ISO list for assistive devices and that it can be used to code AT.

Carolyn Baum asked about placing AT in the Physical Environment, along with Architecture and Land Use. What about consideration of AT as an environmental adaptation? In response, Bedirhan Ustun suggested that Universal Design will be applied and specified into accommodations. Land Use and Environment will be discussed in detail.

Neal Nair sought distinctions between the terms "limitations" and "restrictions." Bedirhan Ustun discussed external restrictions. Negative dimensions within the person come from external restriction hindrances. These are differential terms.

Bedirhan Ustun closed his remarks by asking for assistance from organizations and individuals for existing definitions, lexicons, and glossaries either in electronic or paper versions. These will help WHO in developing the definitions for the ICIDH-2 Beta 2 terms. These should be sent to WHO preferably within about a week so they can be used in the next round of revision.

For more information contact Shekhar Saxena (saxenas@who.ch) or visit the "International Classification of Impairments, Activities and Participation" web site at: <<http://www.who.ch.icidh>>.

ANNOUNCEMENTS

A new project entitled, "Global Strategies to Increase Employment of Women with Disabilities," was awarded to Rehabilitation International and the World Institute on Disability as a joint initiative of the U.S. Social Security Administration and the Department of Education. The two year project will consist of four U.S. based forums, regional forums in Latin America, Asia, Africa and Eastern/Central Europe and the development of training and resource manuals. This initiative is a follow-up to the widely acclaimed 1997 International Leadership Forum for Women with Disabilities which attracted more than 600 participants from 80 countries to Washington, D.C. Research conducted at the Forum revealed that participants from both developed and developing countries identified economic self-sufficiency as their main goal and requested additional training, information and networking.

Additional information about this project is available from Kathy Martinez, Project Director, World Institute on Disability, 510 16th Street, Oakland, CA 94612; tel: 510 251 4326; fax: 510 763 4109; email: kathy@wid.org or Barbara Duncan, Project Manager, Rehabilitation International, 25

East 21st Street, New York, New York 10010; tel.: 212 420 1500; fax: 212 505 0871; email: <bjdnycla@aol.com>.

Dr. Gooloo Wunderlich reported that a workshop organized by the Committee to Review the SSA's Disability Decision Process Research on Measurement of Work Disability: Challenges for Survey Design and Method will be held in Washington D.C. on May 27-28, 1999.

The Purpose of the workshop is: To provide a focused exchange between disability researchers and survey methodologists for identifying unanswered questions relating to measurement of work disability and for providing a framework for a research agenda in this area.

Objectives of workshop: (1) For the committee to better understand the conceptual issues that relate to the existing measures of work disability as well as provide answers to questions about measurement error properties, and the essential survey conditions which impact the measurement of disability. (2) To aid the committee in advising the SSA on methods for measuring work disability in the Disability Evaluation Survey, and on ways to facilitate crosswalks between DES and data collected in alternative federal household surveys to monitor the size of the pool of persons eligible for benefits under SSA's disability programs. (3) To develop a methodological research agenda for SSA and others with respect to the measurement of work disability.

Space will be limited so advance registration will be required. The details will appear on the NAS web site (www.nas.edu) closer to the date of the workshop.

Kathleen Bond reported on the new ASPE Qualitative Study of Workplace Support for People with Disabilities. Focus Groups will be used in this Lewin/Berkeley Planning Associates study to examine what has worked for people with disabilities who are employed. For more information, contact Kathleen at: email: KBond@osaspe.dhhs.gov or call her at (202) 260-0370.

ANNOUNCING THE 1999 BRFSS NATIONAL CONFERENCE May 5-7, 1999 Minneapolis Hyatt Regency Hotel, Minneapolis, MN. Registration information at <http://www.cdc.gov/nccdphp/brfss> or call 770.488.5292.

At the American Statistical Association meetings in Baltimore, August 9-12, there will be a luncheon discussion entitled "Disability Surveys: Measuring Disability and Accommodating Disabled Respondents." The discussion will explore two difficult problems that arise in disability surveys: (1) disability is a complex and fluid concept, making it difficult to frame survey questions that measure it accurately; and (2) survey respondents with severe disabilities, about whom information is most needed, are often difficult to interview using standard interview procedures. For more information, contact discussion leader: Gerry E. Hendershot, Ph.D., Assistant for Data Analysis and Dissemination, Division of Health Interview Statistics, National Center for Health Statistics, Room 850, 6525 Belcrest Road, Hyattsville MD 20782 Tel: 301-436-7085 ext. 123 Fax: 301-436-3484 Net: <geh2@cdc.gov>.

The NIH Office of Research on Women's Health has two seminars of interest to ISDS members on Chronic Disabling Disorders in Women. For more information on these seminars, please call 301/402-1770.

The RTC on Community Integration at the University of Minnesota is pleased to announce its newest web site. This site focuses on analyses of persons with mental retardation and developmental disabilities in the 1994 and 1995 NHIS-D. The site can be accessed at <http://www.ici.coled.umn.edu/ici/rtc/nhis/>. The site contains an overview of project activities, a description of the Disability Supplements to the NHIS in 1994 and 1995, how people with mental retardation or developmental disabilities were identified in the NHIS, project publications (MR/DD Data Brief and Fact Sheets), project staff contact information, a discussion group, and links to related sites:

If you have questions or suggestions send them to: Sheryl Larson, University of Minnesota, 214B Pattee Hall, 150 Pillsbury Drive SE, Minneapolis, MN 55455, 612-624-6024 phone, 612-625-6619 fax, or <larso072@maroon.tc.umn.edu>.